|                          | (FA 1 614                                      | CORD                                       | 10/573411                                                                                   |                                   |                    |                                    |                       |                        |    |                |                         |
|--------------------------|------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------|--------------------|------------------------------------|-----------------------|------------------------|----|----------------|-------------------------|
|                          |                                                | CLAIMS A                                   | AS FILED - PART I                                                                           |                                   |                    | Column 2)                          | Small ent<br>Type     |                        | OR | OTHER<br>SMALL | THAN                    |
| บ.ธ                      | . NATIONAL S                                   | STAGE FEES                                 | 14                                                                                          |                                   |                    |                                    | RATE                  | FEE .                  |    | RATE           | FEE                     |
| BASIC FEE                |                                                |                                            | SMALL ENT. =                                                                                | 8 150                             | LARC               | SE ENT. = 8 300                    | BASIC FEE             |                        | OR | BASIC FEE      | TO                      |
| EXAMINATION FEE          |                                                |                                            | Satisfies PCT Article 33(1)-<br>(4) = \$ 50 / \$ 100                                        |                                   |                    | her situations = 100 / \$ 200      | EXAM. FEE             |                        |    | EXAM. FEE      | 300                     |
| SEARCH FEE               |                                                |                                            | U.S. is ISA = \$5<br>ALL other coun<br>\$ 200 / \$ 4                                        | tries =                           |                    | ther situations = 250 / \$ 500     | SEARCH FEE            |                        |    | SEARCH FEE     | 400                     |
| FEE FOR EXTRA SPEC, PGS. |                                                |                                            | minus 100 =                                                                                 |                                   |                    | / 50 =                             | X \$ 125 =            |                        |    | X \$ 250 =     |                         |
| TOTAL CHARGEABLE CLAIMS  |                                                |                                            | minus 20 =                                                                                  |                                   |                    |                                    | X \$ 25 =             |                        | OR | X \$ 50 =      |                         |
| INDEPENDENT CLAIMS       |                                                |                                            | / mir                                                                                       | nus 3 = .                         |                    |                                    | X \$ 100 =            |                        | OR | X \$ 200 =     |                         |
| MUI                      | TIPLE DEPEN                                    | DENT CLAIM PRI                             | ESENT                                                                                       | N.                                |                    |                                    | + \$ 180 =            |                        | OR | + \$ 360 =     |                         |
| ° If                     | the difference                                 | in column 1 is                             | TOTAL                                                                                       |                                   | OR                 | TOTAL                              | 900                   |                        |    |                |                         |
| 12                       | 102/1010                                       | CLAIMS AS<br>(Column 1)                    | AMENDED - PART II  (Column 2) (Column 3)                                                    |                                   |                    |                                    | SMALL E               |                        | OR | OTHER<br>SMALL | ENTITY                  |
| AMENDWENT A              |                                                | REMAINING<br>AFTER<br>AMENDMENT            |                                                                                             | NUMB<br>PREVIO<br>PAID F          | ER<br>USLY         | PRESENT<br>EXTRA                   | RATE                  | ADDI-<br>TIONAL<br>FEE |    | RATE           | ADDI-<br>TIONAL<br>FILE |
|                          | Total                                          | - 14                                       | Minus                                                                                       | <u> </u>                          | <u>}</u>           | <b>-0</b>                          | X \$ 25 =             |                        | OR | 'X \$ 50 =     |                         |
| AME                      | Independent                                    | <u> </u>                                   | Minus                                                                                       | ****                              | <u> </u>           | -0                                 | X \$ 100 =            |                        | OR | X \$ 200 =     |                         |
|                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                            |                                                                                             |                                   |                    |                                    | + \$ 180 =            |                        | OR | + \$ 360 =     |                         |
| _                        |                                                |                                            |                                                                                             |                                   |                    |                                    | TOTAL ADDIT.          | Ļ                      | OR | TOTAL ADDIT.   |                         |
|                          |                                                | (Column 1)                                 |                                                                                             | (Cotum                            | ın 2)              | (Column 3)                         |                       | •                      |    |                |                         |
| 8 5                      |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT. |                                                                                             | RIGRE<br>NUMB<br>PREVIO<br>PAID F | ER<br>USLY         | PRESENT<br>EXTRA                   | RATE                  | ADDI-<br>TIONAL<br>FEE |    | RATE .         | ADDI-<br>TIONAL<br>FEE  |
| OWE                      | Total '                                        | ٥                                          | Minus                                                                                       | <b>0</b> 0                        |                    | =                                  | X \$ 25 =             |                        | OR | X \$ 50 =      |                         |
| AMENDMENT                | Independent                                    | ٠.                                         | Minus                                                                                       | 444                               |                    | =                                  | X \$ 100 =            |                        | OR | X \$ 200 =     |                         |
| . `                      | FIRST PRES                                     | ENTATION OF A                              | AULTIPLE DEPE                                                                               | NDENT C                           | LAIM               |                                    | + \$ 180 =            |                        | OR | + \$ 360 =     |                         |
|                          |                                                |                                            | TOTAL ADDIT.                                                                                |                                   | OR                 | TOTAL ADDIT.                       |                       |                        |    |                |                         |
| 4 04                     | If the "Highest N" If the "Highest N           | umber Previously Pa<br>umber Previously Pa | ne entry in column 2<br>sid For" IN THIS SP<br>sid For" IN THIS SP<br>d For" (Total or Inde | ACE is less<br>ACE is less        | than 'i<br>than 'i | 20', enter "20".<br>3', enter "3". | in the appropriate bo | x in column 1          |    |                |                         |

**Application or Docket Number**